

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/21/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175353		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/10/2015	
NAME OF PROVIDER OR SUPPLIER ARMA HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 605 EAST MELVIN ST PO BOX 789 ARMA, KS 66712			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
F 425 SS=D	<p>The following citations represent the findings of complaint investigation #89915.</p> <p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 25 residents. Based on record review and interview, the facility failed to ensure the availability of medications for administration to 3 residents (#1, 4, & 5).</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the 8/15 MAR (Medication 			F 425			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 425	<p>Continued From page 1</p> <p>Administration Record) revealed the following medications unavailable for administration:</p> <p>a) On 4/7/15, resident #1's physician ordered ProAir Inhaler, 2 puffs every 4 hours as needed, for upper respiratory disease.</p> <p>Review of the 5/15, 6/15, and 7/15 MARs revealed no signatures recorded for administration of the as needed ProAir inhaler. In addition, these MARs lacked documentation to indicate the inhaler not being available for administration to the resident.</p> <p>On 8/10/15 at 3 PM, administrative staff A reported staff recorded on the 24 hour nursing report form on 7/4/15, the resident had an order for ProAir inhaler which needed ordered. On 7/5/15, on the day shift, staff recorded the resident had an order for ProAir inhaler which needed ordered. On 7/6/15, on the day shift, staff recorded ordering the ProAir inhaler. On 7/7/15, in the night shift, staff recorded staff ordered the ProAir on Monday (7/6/15).</p> <p>Staff recorded in the 7/7/15 nursing notes at 4:33 PM, the resident sent to a local hospital per ambulance, per the family's request, due to the resident's symptoms of chest congestion and pain.</p> <p>On 8/10/15, administrative staff A provided faxed information sent from the pharmacy which recorded the facility had faxed the pharmacy on 7/6/15 to fill the ProAir inhaler. The imprinted date at the top of this fax page was dated 7/7/15 at 1:06 AM. Review of the pharmacy delivery paper revealed the resident's ProAir inhaler was delivered to the facility on 7/8/15 at 11:02 PM,</p>	F 425			

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F 425	<p>Continued From page 2</p> <p>over 24 hours after staff sent the resident to the hospital for chest congestion.</p> <p>b) On 3/29/15, resident #5's physician ordered Calcium 500 mg (milligrams), three times a day. Review of the 8/15 MAR revealed staff circled the times and dates of 8/7, 8, & 9 for all 3 doses of those days and the 6 PM dose due on 8/6/15.</p> <p>c) On 4/14/15, resident #4's physician ordered Calcium 600 mg, twice a day. Review of the 8/15 MAR revealed staff circled the times and dates of 8/5 & 8/15 for both doses due on those days and circled one dose due on 8/7 & 9/15.</p> <p>On 8/10/15 at 10:10 AM, licensed staff B confirmed the Calcium medication was not in stock and not available for administration. Licensed staff B reported he/she noticed the Calcium not available for administration this morning. Licensed staff B stated when a medication is not available, staff usually tell the DON (Director of Nursing) in the past and he/she ordered the medication. Licensed staff B stated he/she would tell the administrator. Licensed staff B stated when medications are circled on the MAR, that usually means the resident refused the medication or the medication was not in stock. Most of the time, the missing medications are the over the counter stock medications.</p> <p>On 8/10/15 at 1:02 PM, direct care staff C the facility mainly runs out of over the counter medications, like Calcium. When that occurs, he/she tells the DON, SSD (social service designee), or the administrator. Direct care staff stated administrative staff A did go get some more Calcium this morning.</p>	F 425			

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F 425	<p>Continued From page 3</p> <p>On 8/10/15 at 3:45 PM, administrative staff A stated the DON usually does the ordering of the medication. Sometimes staff do not always tell us when they run out of the medication. The CMAs (Certified Medication Aides) and the night shift nurse handle the medication re-orders. At that time, administrative staff A verified the facility received resident #1's ProAir inhaler on the day after the facility discharged the resident to a hospital.</p> <p>The facility's medication orders and receipt record policy, revised on 4/07, recorded the Director of Nursing Services will designate individuals to be responsible for completing medication order/receipt forms. Medications should be ordered in advance, based on the dispensing pharmacy's required lead time.</p> <p>The facility failed to ensure the availability of residents' medications for administration to these 3 residents.</p>	F 425			